

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-597,403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		⑩		1		
6		⑩		1		
7		⑩		1		
8		⑩		1		
9		⑩		1		
10		⑩		1		
11	1		1			
12	1		1			
13		1		1		
14		1		1		
15		3		1		
16		3		1		
17		⑩		1		
18	1		1			
19	1		1			
20		1		1		
21		2		1		
22		⑩		1		
23		⑩		1		
24		⑩		1		
25		⑩		1		
26		⑩		1		
27		⑩		1		
28		⑩		1		
29		⑩		1		
30		⑩		1		
31		⑩		1		
32		⑩		1		
33		⑩		1		
34	1		1			
35		⑩		1		
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49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	37	←	30	←		←
TOTAL CLAIMS	44		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						